

MISSISSIPPI STATE DEPARTMENT OF HEALTH

BUREAU OF PUBLIC WATER SUPPLY

CALENDAR YEAR 2010 CONSUMER CONFIDENCE REPORT CERTIFICATION FORM

Harmony Water Association, Inc.

Public Water Supply Name

List PWS ID #s for all Water Systems Covered by this CCR

0120005 #2#3 0120016 #2#3#4 0120018 0120028

The Foundation of the Confideration of the Confider	deral Safe Drinking Water Act requires each <i>community</i> public water system to develop and distribute a consumer nee report (CCR) to its customers each year. Depending on the population served by the public water system, this CCR mailed to the customers, published in a newspaper of local circulation, or provided to the customers upon request.
Please	Answer the Following Questions Regarding the Consumer Confidence Report
X	Customers were informed of availability of CCR by: (Attach copy of publication, water bill or other)
	Advertisement in local paper On water bills Other
	Date customers were informed: 06 / 30/2011
	CCR was distributed by mail or other direct delivery. Specify other direct delivery methods:
	Date Mailed/Distributed: / /
X	CCR was published in local newspaper. (Attach copy of published CCR or proof of publication)
	Name of Newspaper: The Clarke County Tribune
	Date Published: <u>06/30 / 201</u> 1
	CCR was posted in public places. (Attach list of locations)
	Date Posted: / /
	CCR was posted on a publicly accessible internet site at the address: www
CERTI	ICATION
I hereby the form consister Departm	certify that a consumer confidence report (CCR) has been distributed to the customers of this public water system in and manner identified above. I further certify that the information included in this CCR is true and correct and is that the water quality monitoring data provided to the public water system officials by the Mississippi State and of Public Water Supply.
Via C	tle (President, Mayor, Owner, etc.) 6/30// Date
	Mail Completed Form to: Bureau of Public Water Supply/P.O. Box 1700/Jackson, MS 39215 Phone: 601-576-7518

570 East Woodrow Wilson • Post Office Box 1700 • Jackson, Mississippi 39215-1700 601/576-7634 • Fax 601/576-7931 • www.HealthyMS.com

Equal Opportunity In Employment/Service

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PROOF OF PUBLICATION

STATE OF MISSISSIPPI COUNTY OF CLARKE

TOTAL:

Before me, the undersigned authority in and for said county of Clarke, legal clerk of The Clarke County Tribune, a newspaper published in the City of Quitman, County of Clarke, Mississippi, being duly sworn says that the notice, a copy of which is hereto attached, was published in said newspaper as follows, to-wit:

Dated	
Dated20	The Clarke County Tribune
Dated20	By: Cinda Dade
Dated20	
Printer's Fee: \$ (069. 00	Sworn to and subscribed before me, the said Notary Public a aforesaid, do certify that the newspaper containing said notic has been produced before me and compared with the copy here to attached and that the same is correct and truly made. Given under my hand and the seal of said county, this the

ID No 62762

NOTARY PUBLIC Comm Expires May 25, 2013